

Suffolk MBA Online

8 Ashburton Place, Boston, MA 02108 Office: 617.573.8334 Fax: 617.573.8653

Change of Campus Form

PLEASE TYPE/PRINT

Name _____ Date _____ ID# _____

Address _____

City, State, Zip _____

Home Phone () _____ Business Phone () _____

Suffolk email address: _____

1) Date of Original Enrollment (semester/year) _____

2) Please circle current campus: (Boston Merrimack)

3) Total credits earned to date: _____

4) Matriculation to the Suffolk MBA Online Program (semester/year): _____

5) Reason for transfer:

6) Student Signature: _____

Dean's Office: Approved _____ Denied _____
Date _____

Assistant Director of MBA Online Program: Approved _____ Denied _____
Date _____